

**Louisiana Department of Social Services
Electronic and Information Technology Accessibility Compliance Feedback Form**

1.	Name of respondent		
	Address		
	Phone		
2.	Person Authorized to Provide Feedback		
	Name		
	Address		
	Phone		
	Relationship to respondent (spouse, attorney, friend, etc.)		
3.	Nature of Issue/Problem (Describe the nature of the issue/problem including when it occurred and how access was denied. Identify or describe the electronic and information technology that is not accessible (web site address; location of system or equipment; type of system or equipment; and the accessibility standard(s) which has not been met, if known. Attach additional pages if necessary.)		
4.	Submit completed form to:	LA Department of Social Services Bureau of Civil Rights P.O. Box 3496 Baton Rouge, LA 70821 (225) 342-2700	
Signature: _____ Date: _____			

5.	Feedback Processing		
	Notice sent to respondent	<input type="checkbox"/> Yes	Date Sent: <input type="checkbox"/> No
	Referred to:		
	Disposition		

"LA DSS is an equal opportunity provider and employer."